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(Requestor's Name)

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(City/State/Zip/Phone #)

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FILED  
AUG 29 2019  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 1 2019



# ICARD MERRILL

ATTORNEYS & COUNSELORS

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Sarasota, FL 34237  
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Fax: 941.366.0718  
rmessick@icardmerrill.com

icardmerrill.com

July 26, 2019

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Organization of  
THE MEADOWS LOAN TRUSTEE, LLC

Dear Sir or Madam:

Enclosed is our firm's trust account check in the amount of \$25.00 as payment for the filing of the above referenced Amendment.

Thank you for your assistance.

Sincerely,

Icard, Merrill, Cullis, Timm,  
Furen & Ginsburg, P.A.

Beth Boulware  
Assistant to Robert E. Messick, Esq.

/bb  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE MEADOWS LOAN TRUSTEE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT E. MESSICK, Esq.

\_\_\_\_\_  
Name of Person

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

\_\_\_\_\_  
Firm/Company

2033 Main Street, Suite 600

\_\_\_\_\_  
Address

Sarasota, Florida 34237

\_\_\_\_\_  
City/State and Zip Code

rmessick@icardmerrill.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. Messick, Esq.

941

953-81154

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

THE MEADOWS LOAN TRUSTEE, LLC

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 21, 2011  
Florida document number L16000137268

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

✓ Robert Schaal

New Registered Office Address:

3101 Longmeadow

*Enter Florida street address*

Sarasota

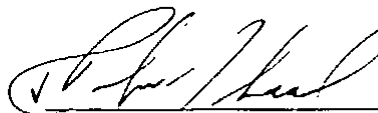
*City*

Florida 34235

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

✓ 

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

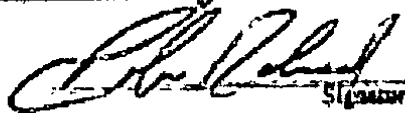
MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Schaal	3101 Longmeadow, Sarasota, FL. 34235	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Philip G. Boyle	3101 Longmeadow, Sarasota, FL. 34235	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carol A. Anthony	3101 Longmeadow, Sarasota, FL. 34235	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gordon Cummings	3101 Longmeadow, Sarasota, FL. 34235	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: June 30<sup>th</sup>, 2019 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3),  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Effective June 30<sup>th</sup> 2019



Signature of a member or authorized representative of a member

Robert Schuch

Typed or printed name of signee